24/48 HOUR NOTICE OF INDEPENDENT EXPENDITURES

SCHEDULE E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTE (In Full) American Dental Association Independent Expenditures Committee	FEC IDENTIFICATION NUMBER ▼ C C00488338
Check If Z 24-hour report 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name (Last, First, Middle Initial) of Payee Strategic Impact Mailing Address 1890 Star Shoot Parkway	Date M M M / D D / Y Y Y Y Y Amount
	21190.02 Transaction ID : 10791972
Direct Mail Piece NC-08 Name of Federal Candidate Supported or Opposed by Expenditure:	Sought: House State: NC Senate District: 08 President
Will Good Nodalo	k One: Support Oppose ursement For: Primary General Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	
Purpose of Expenditure Category/ Type Name of Federal Candidate Supported or Opposed by Expenditure:	Senate District: President
	k One: Support Oppose ursement For: Primary General
for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	21190.02
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	21190.02
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Dr. Richard Huot [Electronically Filed] Date Signature	of 01 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y